

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-577408

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	①		1			
6	①		1			
7	①		1			
8	①		1			
9	①		1			
10	①		1			
11	①		1			
12	⑥		1			
13	④		1			
14	④		1			
15	④		1			
16	④		1			
17	④		1			
18	④		1			
19	④		1			
20	④		1			
21	④		1			
22	④		1			
23	④		1			
24	④		1			
25	④		1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	28	←	25	←		←
TOTAL CLAIMS	29	[redacted]	24	[redacted]		[redacted]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]